



Cayman Islands 1999



Population & Housing Census

October 10, 1999

FOR OFFICIAL USE ONLY

District	EA Number	Sub District	Block	Parcel	Dwelling Unit	HH Number	Enumerator Number	Number of Persons
0	0 0 0 0	0 0	0 0 0 A A	0 0 0	0 0 0	0 0 0	0 0 0	0 0 0
1	1 1 1 1	1 1	1 1 1 B B	1 1 1	1 1 1	1 1 1	1 1 1	1 1 1
2	2 2 2 2	2 2	2 2 2 C C	2 2 2	2 2 2	2 2 2	2 2 2	2 2 2
3	3 3 3 3	3 3	3 3 3 D D	3 3 3	3 3 3	3 3 3	3 3 3	3 3 3
4	4 4 4 4	4 4	4 4 4 E E	4 4 4	4 4 4	4 4 4	4 4 4	4 4 4
5	5 5 5 5	5 5	5 5 5 F F	5 5 5	5 5 5	5 5 5	5 5 5	5 5 5
6	6 6 6 6	6 6	6 6 6 G G	6 6 6	6 6 6	6 6 6	6 6 6	6 6 6
7	7 7 7 7	7 7	7 7 7 H H	7 7 7	7 7 7	7 7 7	7 7 7	7 7 7
8	8 8 8 8	8 8	8 8 8 I I	8 8 8	8 8 8	8 8 8	8 8 8	8 8 8
9	9 9 9 9	9 9	9 9 9 J J	9 9 9	9 9 9	9 9 9	9 9 9	9 9 9

Street Address: _____

Type

- ① Private household
- ② Institution

Results

- ① CH
- ② PH
- ③ NC
- ④ RE
- ⑤ HOL
- ⑥ SEC
- ⑦ VAC
- ⑧ OTH

PLEASE DO NOT WRITE IN THIS AREA



SECTION 1: IDENTIFICATION

QUESTION 1.1

Write the first name and age of every person in this household on Census night, starting with a responsible adult, followed by his/her spouse or common law partner. Include children after their parents. **(DO NOT FORGET TO INCLUDE YOURSELF)**

INCLUDE:

- Newborn babies. If baby has not been named write BABY of Person...
- Children at boarding school and other students abroad for one year or less
- Persons at hospital or other institution for less than six months
- Visitors who reside elsewhere in the Cayman Islands or abroad
- Seamen

DO NOT INCLUDE:

- Students at University/College or boarding school who have been continually resident overseas for more than a year

PERSON NUMBER	FIRST NAME	GENDER (Male/Female)	AGE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

PLEASE USE THE COMMENTS SHEET AT THE END OF THE QUESTIONNAIRE FOR ADDITIONAL PERSONS.

SHADE THE APPROPRIATE OVAL(S) WHICH REPRESENT YOUR ANSWER WITH THE PENCIL PROVIDED AND COMPLETE THE DECLARATION ON THE BACK PAGE.

- Make dark marks that fill the oval completely.
- Erase cleanly any mark you wish to change.
- Do not overlap ovals or make stray marks.

CORRECT MARK



INCORRECT MARKS



AGRICULTURAL HOUSEHOLD

QUESTION 1.2

Does anyone in this household engage in rearing animals and/or growing plants/crops for distribution or home consumption?
These activities include – cattle, pigs, goats, rabbits, poultry, backyard herb or vegetable gardens, fruit trees, bee-keeping, aqua-culture, greenhouses, nurseries, ornamentals, field crops or any other agricultural operation.

① Yes

② No

SECTION 2: HOUSING ANSWER QUESTIONS H1-H24 ABOUT THIS DWELLING

H1. PERIOD OF CONSTRUCTION When was this house or dwelling, occupied by your household, built? **Please estimate if necessary and shade an oval.**

- ① Before 1945
- ② Between 1945 and 1969
- ③ Between 1970 and 1979
- ④ 1980 to 1989
- ⑤ 1990 or later

H2. OUTER WALLS What is the main material of the outer walls of this dwelling?

- ① Concrete, blocks, bricks, (including plaster/stucco and timber clad finishes)
- ② Wood/timber
- ③ Other (please describe below)

H3. ROOF What is the main material of the roof of this dwelling (or of the building in which the dwelling is situated)?

- ① Shingle, asphalt
- ② Sheet metal/zinc
- ③ Standing seam/Galvulum
- ④ Tiles (clay, ceramic)
- ⑤ Other (please describe below)

H4. TYPE OF DWELLING What type of accommodation is occupied by this household?

- ① Detached house
- ② Duplex
- ③ Condominium/apartment/town house (including studios)
- ④ One room
- ⑤ Other (please describe below)

H5. WATER SOURCES What are the sources of water for this household? **Shade all that apply.**

- ① Mains ("City water" or "desalinated")
- ② Cistern (rain or truck)
- ③ Well
- ④ Other (please describe below)

H6. WATER What is the main source of water for this household?

- ① Mains ("City water" or "desalinated")
- ② Cistern (rain or truck)
- ③ Well
- ④ Other (please describe below)

H7. SEWERAGE What type of sewerage system does this dwelling have?

- ① Mains (West Bay Rd. Sewerage Scheme)
- ② Sewerage Treatment Plant
- ③ Septic tank or cesspool
- ④ Out house/Pit Latrine
- ⑤ Other (please describe below)

H8. LIGHTING What does this household use most for lighting?

- ① Electricity
- ② Kerosene
- ③ Other (specify)

H9. COOKING What type of fuel does this household use most for cooking?

- ① Gas/propane
- ② Electricity
- ③ Kerosene
- ④ Other (specify)

H10. ROOMS How many rooms are there in this household?

DO NOT COUNT:

- Bathrooms
- Rooms 6ft WIDE OR LESS
- Garages or car ports
- Enclosed porches, verandahs, or passage ways
- Rooms used ONLY for business purposes

DO COUNT:

- Living, dining rooms, and bedrooms
- Any other rooms OVER 6ft WIDE, including kitchens and utility rooms

- | | | |
|-----|-----|--------------|
| ① 1 | ⑤ 5 | ⑨ 9 |
| ② 2 | ⑥ 6 | ⑩ 10 or more |
| ③ 3 | ⑦ 7 | |
| ④ 4 | ⑧ 8 | |

H11. BEDROOMS How many rooms are used mainly for sleeping?

DO NOT COUNT:

- Rooms used mainly for other activities (e.g. a living room).

DO COUNT:

- Spare bedrooms

NOTE:

- **A one room dwelling should be shaded as having no bedrooms**

- | | |
|--------|-------------|
| ① None | ④ 3 |
| ② 1 | ⑤ 4 |
| ③ 2 | ⑥ 5 or more |

H12. KITCHEN Has this household the use of a kitchen or kitchenette with sink permanently connected to a water supply and a waste pipe?

- ① YES; for use only by this household
- ② YES; shared with another household
- ③ NO kitchen with sink permanently connected

H13. BATHROOMS Has this household the use of a room with fixed bath or shower permanently connected to a water supply and a waste pipe?

- ① YES; for use only by this household
- ② YES; shared with another household
- ③ NO fixed bath or shower permanently connected

H14. NUMBERS OF BATHROOMS How many rooms with fixed bath or shower are available for use by this household?

- | | |
|--------|-------------|
| ① None | ④ 3 |
| ② 1 | ⑤ 4 or more |
| ③ 2 | |

H15. TOILETS Has this household the use of a flush toilet?

- ① YES; for use only by this household
- ② YES; shared with another household
- ③ NO flush toilet

H16. AIR-CONDITIONING Does this dwelling have air conditioning?

- ① NO air-conditioning
- ② YES; separate room units
- ③ YES; both central and room units
- ④ YES; central air-conditioning

H17. TELEPHONE Does this household have a telephone?

- ① Yes
- ② No

H18(a). COMPUTER Do you have a computer in this household?

- ① Yes **(GO TO H18(b))**
- ② No

H18(b). INTERNET Does this household have internet access?

- ① Yes
- ② No

H19. TELEVISION How many television sets are in use in this household? **Do not include television sets in need of repairs or being repaired.**

- ① None
- ② One
- ③ Two
- ④ Three or more

H20. VEHICLES How many motor vehicles of 4 wheels or more are regularly available for use by you or members of your family? You may include vehicles, including trucks, provided by employers, as long as they are normally available for use and are NOT used only for carrying goods.

- ① None
- ② 1
- ③ 2
- ④ 3
- ⑤ 4 or more

H21. REPAIRS Is this dwelling in need of any repairs? **Do not include desirable remodeling or additions.**

- ① No; only **regular maintenance** is needed (painting, etc.)
- ② Yes; **minor repairs** are needed (missing or loose floor tiles, shingles, defective steps, railing, or siding, etc.)
- ③ Yes; **major repairs** are needed (defective plumbing or electrical wiring, structural repairs to walls, floors or ceilings, etc.)

H22(a). BUSINESS Is any part of this dwelling used exclusively for business purposes?

- ① Yes
- ② No **(GO TO H23)**

H22(b). What kind of business is this? (Give details) (Describe business)

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0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

H23. TENURE How do you and your household occupy this accommodation?

- ① Owned outright **(GO TO SECTION 3)**
- ② Owned with mortgage **(GO TO H24(b))**
- ③ Rented from private landlord, company, or other organization **(GO TO H24(a))**
- ④ Provided rent-free by employer or relative or other person **(GO TO SECTION 3)**
- ⑤ In some other way (please give details below) **(GO TO SECTION 3)**

H24(a). For RENTERS only: What is the monthly rent paid for this dwelling?

CI\$

PER MONTH

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Add zeros in front of the figures in order to fill all the boxes (e.g. \$1800 should be written as 001800 or \$600 should be written as 000600).

Use conversion rate of US\$1.00 = CI\$0.80.

H24(b). For OWNERS with mortgage only: What are the total regular monthly mortgage or loan payments for this dwelling?

NOTE: ONLY INCLUDE THE DOLLAR PORTION OF THE MORTGAGE PAYMENT.

CI\$

PER MONTH

0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Add zeros in front of the figures in order to fill all the boxes (e.g. \$1800 should be written as 001800 or \$600 should be written as 000600).

Use conversion rate of US\$1.00 = CI\$0.80.

SECTION 3: PERSONAL THESE QUESTIONS ARE TO BE COMPLETED BY ALL PERSONS

P1. NAME Complete for each person as listed in Section 1. If you have a baby who has not yet been named just write "BABY".

PERSON NUMBER 1

FIRST NAME									

PERSON NO.

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

P2. GENDER
Shade the sex of the person.

- ① Male
- ② Female

P3. USUAL ADDRESS AND WHEREABOUTS ON CENSUS NIGHT Please shade the oval which best describes this person's status on Census night – Sunday, 10th October. "Usual address" is the address at which the person has lived, or intends to live, for at least six months. For students and seamen temporarily away from home the "usual address" is their home address. For persons who have been in the hospital or other institution for more than six months the "usual address" is the institution.

Shade "PRESENT" for all new arrivals to the islands who are staying here temporarily while they look for long-term accommodation, and also for residents about to depart.

If you have any trouble deciding on the "usual address" ask your enumerator for help when the form is collected.

① **PRESENT** (or out on night work) and usually lives at this address **(PLEASE GO STRAIGHT TO P4)**

② **ABSENT** but usually lives at this address (e.g. on holiday) Please indicate where this person was staying on Census night. **(PLEASE GO TO P4)**

- ① Grand Cayman
- ② Brac/Little Cayman
- ③ Jamaica
- ④ USA
- ⑤ United Kingdom
- ⑥ Other country (please specify)

Street Address _____

③ **VISITOR** not usually living at this address. Please indicate this visitor's usual residence

- ① Grand Cayman
- ② Brac/Little Cayman
- ③ Jamaica
- ④ USA
- ⑤ United Kingdom
- ⑥ Other country (please specify)

Street Address _____

P4. DATE OF BIRTH
Shade the person's date of birth.

DAY		MONTH		YEAR			
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9

END OF INTERVIEW FOR VISITORS

P5. RELATIONSHIP TO FIRST PERSON Common-law refers to two people who live together as a husband and wife but who are not legally married to each other.

- | | |
|---|---|
| <ul style="list-style-type: none"> ① Person 1 ② Husband or wife of Person 1 ③ Common law partner of Person 1 ④ Son or daughter of Person 1 ⑤ Son/daughter-in-law of Person 1 ⑥ Grandchild of Person 1 ⑦ Father or Mother of Person 1 ⑧ Father/Mother-in-law of Person 1 | <ul style="list-style-type: none"> ⑨ Grandparent of Person 1 ⑩ Brother/Sister of Person 1 ⑪ Brother/Sister-in-law of Person 1 ⑫ Other relative ⑬ Lodger or Boarder ⑭ Room-mate ⑮ Live-in employee ⑯ Other (specify) _____ |
|---|---|

THESE QUESTIONS ARE TO BE COMPLETED BY ALL PERSONS

P6. MARITAL STATUS Please shade the one oval showing the present marital status of this person.

- 1 Legally married
- 2 Separated but still legally married
- 3 Divorced
- 4 Widowed
- 5 Never married (single)

P7. UNION STATUS Is this person living with a common-law partner in the Cayman Islands? Common-law refers to two people who live together as husband and wife but who are not legally married to each other.

- 1 Yes
- 2 No

P8. SAME RESIDENCE ONE YEAR AGO? Was this person living at this residence on 10th October, 1998 (one year ago)? If the person is a child born on or after 11th October, 1998, please shade the oval "Under One".

- 1 Yes (GO TO P10)
- 2 No
- 3 Under One

P9. USUAL RESIDENCE ONE YEAR AGO Where was this person usually living on 10th October, 1998 (one year ago)?

- West Bay begins after the Governors House and includes Governors Harbour and Conch Point Rd.
- George Town starts at the Governors House and ends at Spotts Newlands.
- Bodden Town begins at the entering Savannah sign and ends at the Frank Sound junction.
- East End extends from the Frank Sound junction up to the Old Man Bay sign on the Queens Highway.
- North Side begins at Frank Sound and includes Cayman Kai.

- 1 Under One
- 2 George Town
- 3 West Bay
- 4 Bodden Town
- 5 North Side
- 6 East End
- 7 Brac
- 8 Little Cayman
- 9 Jamaica
- 10 USA
- 11 United Kingdom
- Other country (specify)

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0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

P10. BIRTHPLACE Where was this person born?

- 1 Grand Cayman
- 2 Brac
- 3 Little Cayman
- 9 Jamaica
- 10 USA
- 11 UK
- 12 Honduras
- 13 Canada
- 14 Nicaragua
- 15 Barbados
- 16 Cuba
- 17 Trinidad
- 18 Belize
- 19 Costa Rica
- 20 Ireland
- 21 Colombia
- Other (specify)

FOR OFFICIAL USE ONLY

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

P11. CITIZENSHIP Of what country is this person a citizen? Indicate more than one but not more than two countries where applicable. **NOTE: PERSONS WHO ONLY HAVE PERMANENT RESIDENCE IN THE CAYMAN ISLANDS SHOULD NOT SHADE OPTIONS 1 AND 2.**

- 1 Cayman by Parent(s) (including children granted status under Section 15 and 16 of the Immigration Law 1997 Revision).
- 2 Cayman, Other (all other grants of status).
- 9 Jamaica
- 10 USA
- 11 UK
- 12 Honduras
- 13 Canada
- 14 Nicaragua
- 15 Barbados
- 16 Cuba
- 17 Trinidad
- 18 Belize
- 19 Costa Rica
- 20 Ireland
- 21 Colombia
- Other (specify)

FOR OFFICIAL USE ONLY

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

P12. COUNTRY OF PREVIOUS RESIDENCE What country did this person live in before moving to the Cayman Islands? Studies abroad should not be counted as a previous residence.

- 1 Cayman
- 9 Jamaica
- 10 USA
- 11 UK
- 12 Honduras
- 13 Canada
- 14 Nicaragua
- 15 Barbados
- 16 Cuba
- 17 Trinidad
- 18 Belize
- 19 Costa Rica
- 20 Ireland
- 21 Colombia
- Other (specify)

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0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

P13. YEAR OF ARRIVAL What year did this person last arrive to live in the Cayman Islands?

- 1 Always lived in the Cayman Islands

Year of arrival

YEAR			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

P14. DISABILITY Does this person suffer from any long standing illness, disability or infirmity?

- 1 Yes
- 2 No (GO TO P18)

P15. What type of disability or impairment does this person have? Shade as many as apply.

- 1 Sight
- 2 Hearing
- 3 Speech
- 4 Upper limb (arm)
- 5 Lower limb (legs)
- 6 Neck and Spine
- 7 Learning disability
- 8 Mental illness
- 9 Other (specify)

P16. Does this limit the person's activities compared with most people of the same age?

- ① Yes
- ② No (GO TO P18)

P17. In which of the following ways are this person's activities limited compared with most persons his/her age?

Shade as many as apply.

- ① Self Care
- ② Mobility
- ③ Communication
- ④ Schooling
- ⑤ Employment
- ⑥ Other (specify) _____

P18. HEALTH INSURANCE Is this person covered by Health Insurance? Shade as many as apply.

- ① Yes, by a provider in the Cayman Islands
- ② Yes, covered by the C.I. Government (Govt. employees and dependents, seamen, veterans, etc.)
- ③ Yes, by some other provider
- ④ No, uninsurable under Health Insurance Law
- ⑤ No, other
- ⑥ Don't know

P19. LANGUAGE What language(s) can this person speak well enough to conduct a conversation? Shade as many as apply.

- ① English
- ② Spanish
- ③ French
- ④ German
- ⑤ Italian
- ⑥ Portuguese
- ⑨ Other (specify) _____

P20. What language does this person speak most often at home? For children who have not started speaking, shade the language that is spoken to them most often.

- ① English
- ② Spanish
- ③ French
- ④ German
- ⑤ Italian
- ⑥ Portuguese
- ⑨ Other (specify) _____

P21. RELIGION To which religious denomination does this person belong?

- ① Anglican
- ② Baptist
- ③ Church of God
- ④ Jehovah Witness
- ⑤ Pentecostal
- ⑥ Presbyterian/United Church
- ⑦ Roman Catholic
- ⑧ Seventh Day Adventist
- ⑨ Non-denominational
- ⑩ None
- ⑪ Other (specify) _____

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①	①
①	①
②	②
③	③
④	④
⑤	⑤
⑥	⑥
⑦	⑦
⑧	⑧
⑨	⑨

P22. EDUCATION Is this person attending Daycare, Preschool, (Primary) School, College or following a Correspondence Course leading to a formal qualification? If the person is temporarily absent from their studies (e.g. holiday or sick) please shade the appropriate "Yes" oval.

- ① "No" (Person under 5 years of age) (GO TO P23)
- ② "No" (Person 5 years and over) (GO TO P27)
- ③ "Yes" if person is Full-time. (GO TO P24)
- ④ "Yes" if Part-time including Correspondence Courses/Distance Learning. (GO TO P24)

P23. DAYCARE What type of daycare supervision is this person receiving?

- ① Supervised by parent(s)
- ② Supervised by other relative(s)
- ③ Supervised by non-relative(s)
- ④ Other (specify) _____

THIS IS THE END OF THE INTERVIEW FOR PERSONS COMPLETING QUESTION P23.

P24. What type of School or Institution is this person attending?

- ① Daycare/Nursery/Preschool
- ② Primary School
- ③ Middle/High/Secondary School
- ④ Community College/Vocational Institution
- ⑤ University/College
- ⑥ Special Education (e.g. Lighthouse School, Sunrise Adult Training Centre).
- ⑦ Other (specify) _____

P25. Where is this school located?

- ① George Town
- ② West Bay
- ③ Bodden Town
- ④ North Side
- ⑤ East End
- ⑥ Brac/Little Cayman
- ⑦ Overseas (specify country) _____

(GO TO P27)

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- West Bay begins after the Governors House and includes Governors Harbour and Conch Point Rd.
- George Town starts at the Governors House and ends at Spotts Newlands.
- Bodden Town begins at the entering Savannah sign and ends at the Frank Sound junction.
- East End extends from the Frank Sound junction up to the Old Man Bay sign on the Queens Highway.
- North Side begins at Frank Sound and includes Cayman Kai.

①	①	①
①	①	①
②	②	②
③	③	③
④	④	④
⑤	⑤	⑤
⑥	⑥	⑥
⑦	⑦	⑦
⑧	⑧	⑧
⑨	⑨	⑨

P26. What is this person's main mode of travel to the school or institution?

- ① Walking
- ② Bicycle
- ③ Private Car
- ④ School Bus
- ⑤ Taxi
- ⑥ Other (specify) _____

P27. HIGHEST QUALIFICATION What is the highest certificate, diploma or degree this person has ever obtained?

- ① None
- ② Primary school graduation certificate or equivalent
- ③ Secondary (high) school graduation certificate or equivalent
- ④ Trades certificate or diploma **of less than one year**
- ⑤ Trades certificate or diploma **of more than a year**
- ⑥ IGCSE, GCSE, GCE "O" Levels, CXC General

Number of passes?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

⑦ GCE "A" Levels
Number of passes?

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

- ⑧ Other non-university certificate of diploma (obtained at community college, technical institute, etc.) **of less than one year**
- ⑨ Other non-university certificate or diploma (obtained at community college, technical institute, etc.) **of more than one year**
- ⑩ University/College certificate or diploma **BELOW** Bachelor
- ⑪ Bachelor's degree(s) (e.g. B.A., B.Sc., LL.B)
- ⑫ University certificate or diploma **ABOVE** Bachelor level
- ⑬ Master's degree(s) (e.g. M.A., M.Sc., M.Ed.)
- ⑭ Degree in medicine, dentistry, veterinary (M.D., D.D.S., D.M.D., D.V.M., O.D.)
- ⑮ Earned doctorate (e.g. Ph.D., D.Sc., D.Ed.)
- ⑯ Other (specify) _____

FOR PERSONS AGED 15 YEARS AND OVER

P28. TRAINING Has this person been trained/Is this person being trained for a specific profession, craft or trade? **If person has been trained for more than one profession, etc., report the most current. NOTE: Include on the job training.**

- ① Yes
- ② No (**GO TO P33**)

P29. What is the profession, craft, or trade?

(Profession/Craft/Trade)

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0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

P30. How was this training received?

- ① Apprenticeship/on the job
- ② Technical Institute
- ③ College/University
- ④ Correspondence/distance
- ⑤ Other (specify) _____

P31. Is this training completed or is it on-going?

- ① Complete
- ② On-going

P32. What qualification did/will this person receive on completion of this training?

- ① Certificate with examination
- ② Certificate without examination
- ③ Diploma
- ④ Degree
- ⑤ Other (specify) _____
- ⑥ None

P33. UNPAID HOUSEHOLD ACTIVITIES Last week, how many hours did this person spend doing any of the activities listed below?

NOTE: DO NOT INCLUDE TIME FOR WHICH YOU ARE BEING PAID. Last Week refers to Sunday, 3rd October to Saturday, 9th October, 1999. Where activities overlap, report the same hours in more than one part.

A. Doing **unpaid** housework, yard work or home maintenance for members of this household, or others. *Some examples include: preparing meals, doing laundry, household planning, shopping and cutting the grass*

- ① None
- ② Less than 5 hours
- ③ 5 to 14 hours
- ④ 15 to 29 hours
- ⑤ 30 to 59 hours
- ⑥ 60 hours or more

B. Looking after one or more of this person's own children, or the children of others, **without pay**. *Some examples include bathing or playing with young children, driving children to sports activities or helping them with home-work, and talking with teens about their problems.*

- ① None
- ② Less than 5 hours
- ③ 5 to 14 hours
- ④ 15 to 29 hours
- ⑤ 30 to 59 hours
- ⑥ 60 hours or more

C. Providing **unpaid** care or assistance to one or more seniors. *Some examples include: providing personal care to a senior family member, visiting seniors, talking with them on the telephone, and helping them with shopping, banking or taking medication.*

- ① None
- ② Less than 5 hours
- ③ 5 to 9 hours
- ④ 10 hours or more

P34. MAIN EMPLOYMENT ACTIVITY LAST WEEK Did this person have a job at any time during the last week?

- Please shade the one oval which best describes your **main** employment activity (that is the job you usually spend most time on).
- Any work of **one hour or more** last week means that the answer is "YES".
- Please shade the appropriate "YES" if you were **temporarily absent from work**, for example, on holiday, on maternity leave, temporarily sick, or attending a course while receiving pay.
- Also shade the appropriate "YES" if you were waiting to start a job already accepted.
- **NOTE: LAST WEEK REFERS TO SUNDAY 3RD OCTOBER TO SATURDAY 9TH OCTOBER, 1999.**

- ① YES; self-employed **NOT** employing others
- ② YES; self-employed employing others
- ③ YES; employed in full-time or part-time job
- ④ YES; unpaid work in a family business
- ⑤ Seeking and available for work
- ⑥ **NOT** seeking, but available for work
- ⑦ Permanently sick or disabled
- ⑧ At school or a student, **without a part-time job**
- ⑨ Wholly retired from paid work
- ⑩ Other (please describe below)

GO TO P36

GO TO P42

P35. OTHER WORK Did this person have more than one paid job last week? **NOTE: LAST WEEK REFERS TO SUNDAY 3RD OCTOBER TO SATURDAY 9TH OCTOBER, 1999.**

- ① Yes; more than one job
- ② No

P36. BUSINESS OF EMPLOYER Please state this person's **main** employer, and describe clearly what the employer makes or does. **For persons not currently working please give details of their LAST FULL-TIME employer. If self-employed, write "SELF" at 'A' and describe business at 'B'. For persons employed as DOMESTIC helpers in private homes, write "PRIVATE HOME" at 'A'.**

A. Company, or employer's name

B. Type of business (for civil servants, write department)

C. Never had a job ①
GO TO QUESTION P42

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0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

P37. OCCUPATION Please state this person's **main** job last week (that is the job he/she usually spends the most time on), and also describe the actual work done. For persons not currently employed, give details of their **LAST FULL-TIME** job. For persons in the **CIVIL SERVICE** write the title, grade or rank at 'A'.

A. Main job (full job title)

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0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

B. Type of work done

P38. DISTRICT OF MAIN WORKPLACE Where does this person work? For persons employed on a site for a long period, shade the district of the site. For persons not working regularly at one place who report daily to a depot (or other fixed address), mark the district of the depot.

- ① Not currently employed **GO TO P42**
- ② George Town
- ③ West Bay
- ④ Bodden Town
- ⑤ North Side
- ⑥ East End
- ⑦ Cayman Brac
- ⑧ Little Cayman
- ⑨ District unknown

P39. WEEKLY HOURS WORKED Please write the **TOTAL** number of hours **usually** worked each week in the **main** job.

hours weekly

- You should include:
- the basic working hours
 - regular overtime
 - any hours worked regularly at home in connection with the job
 - meal breaks

Add zeros to the number of hours so that all the boxes are filled (e.g. report 30 hours as 030 or 8 hours as 008).

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

P40. MONTHS WORKED How many months did this person work in the Cayman Islands during **1998**?

- Include vacation time taken as time worked
- Parts of months should be rounded upwards. E.g. Four (4) months and one (1) week should be reported as Five (5) months.

- ① Did not work
- ② One (1) month
- ③ Two (2) months
- ④ Three (3) months
- ⑤ Four (4) months
- ⑥ Five (5) months
- ⑦ Six (6) months
- ⑧ Seven (7) months
- ⑨ Eight (8) months
- ⑩ Nine (9) months
- ⑪ Ten (10) months
- ⑫ Eleven (11) months
- ⑬ Twelve (12) months

- P41. DAILY JOURNEY TO WORK** What means of transport does this person mostly use to get to the **main** workplace? Please shade **ONE**.
- ① Fare-paying taxi, bus, or mini bus
 - ② Car, van, pick-up truck or any other vehicle with four wheels
 - ③ Motorcycle or moped
 - ④ Bicycle
 - ⑤ Walking
 - ⑥ Works mainly at home
 - ⑦ Other (give details) _____

- P42. INCOME 1998** During the year ending December 31, 1998, did this person receive any income from the sources listed below?
- Answer "YES", "NO" or "LOSS" where applicable for all sources.
 - If "YES" or "LOSS", also shade appropriate range.
 - Use conversion rate of US\$1.00 = CI\$0.80.

PAID EMPLOYMENT

- A. Total wages and salaries, including commissions, bonuses, tips, etc. before any deductions**
- ① Yes (Shade range) →
 - ② No
- ① Under CI\$12,000
 - ② 12,000 - 23,999
 - ③ 24,000 - 41,999
 - ④ 42,000 - 71,999
 - ⑤ 72,000 - 107,999
 - ⑥ 108,000 - 143,999
 - ⑦ 144,000 - 191,999
 - ⑧ 192,000 +

B. SELF EMPLOYMENT

- ① Yes (Shade range) →
 - ② No
 - ③ Loss (Shade range) →
- ① Under CI\$12,000
 - ② 12,000 - 23,999
 - ③ 24,000 - 41,999
 - ④ 42,000 - 71,999
 - ⑤ 72,000 - 107,999
 - ⑥ 108,000 - 143,999
 - ⑦ 144,000 - 191,999
 - ⑧ 192,000 +

Net farm income (gross receipts minus expenses), including grants and subsidies under farm-support programs, farmers market payments, gross insurance proceeds and **Net non-farm income** from **unincorporated business, professional practice, etc.** (gross receipts minus expenses)

C. INCOME FROM GOVERNMENT:

- ① Yes (Shade range) →
 - ② No
- ① Under CI\$6,000
 - ② 6,000 - 11,999
 - ③ 12,000 - 23,999
 - ④ 24,000 - 41,999
 - ⑤ 42,000 +

Includes Old Age Security Pension, Cayman Islands Government Pension Plan and Other Income from government sources, such as veteran's pensions, welfare payments

D. Remittances from family and friends abroad

- ① Yes (Shade range) →
 - ② No
- ① Under CI\$6,000
 - ② 6,000 - 11,999
 - ③ 12,000 - 23,999
 - ④ 24,000 - 41,999
 - ⑤ 42,000 +

E. OTHER INCOME:

- ① Yes (Shade range) →
 - ② No
 - ③ Loss (Shade range) →
- ① Under CI\$6,000
 - ② 6,000 - 11,999
 - ③ 12,000 - 23,999
 - ④ 24,000 - 41,999
 - ⑤ 42,000 - 71,999
 - ⑥ 72,000 - 107,999
 - ⑦ 108,000 +

Dividends, interest on bonds, deposits and savings certificates, and **other investment income**, such as net rents from real estate, interest from mortgages, **retirement pensions, superannuation and annuities**, and **other money income**, such as *alimony, child support, scholarships*

F. TOTAL INCOME FROM ALL OF THE ABOVE SOURCES

- ① Yes (Shade range) →
 - ② No
 - ③ Loss (Shade range) →
- ① Under CI\$12,000
 - ② 12,000 - 23,999
 - ③ 24,000 - 41,999
 - ④ 42,000 - 71,999
 - ⑤ 72,000 - 107,999
 - ⑥ 108,000 - 143,999
 - ⑦ 144,000 - 191,999
 - ⑧ 192,000 - 239,999
 - ⑨ 240,000 +

- P43. PENSION** Does this person contribute to a pension plan registered in the Cayman Islands?

- ① Yes
- ② No

- P44. REMITTANCES ABROAD** During the year ending December 1998, did this person send any income abroad?

- ① Yes - If yes, enter amount
- ② No

CI\$

①	①	①	①	①	①
②	②	②	②	②	②
③	③	③	③	③	③
④	④	④	④	④	④
⑤	⑤	⑤	⑤	⑤	⑤
⑥	⑥	⑥	⑥	⑥	⑥
⑦	⑦	⑦	⑦	⑦	⑦
⑧	⑧	⑧	⑧	⑧	⑧
⑨	⑨	⑨	⑨	⑨	⑨

Add zeros in front of the figures in order to fill all the boxes (e.g. \$5000 should be written as 005000 or \$800 should be written as 000800).

FOR FEMALES 15 YEARS AND OVER ONLY

- P45. TOTAL BIRTHS** How many live births has this person ever had?
- A "live" birth includes even those births where the child lives for only a short time; but it does not include stillbirths.
 - Twins count as two live births.

- ① None
- ② One
- ③ Two
- ④ Three
- ⑤ Four
- ⑥ Five
- ⑦ Six
- ⑧ Seven
- ⑨ Eight or more

- P46. RECENT BIRTHS** How many live births has this person had in the last twelve months (that is, on or after 11th October, 1998)?

- ① None
- ② One
- ③ Two (separate)
- ④ Twins
- ⑤ More than two

PANEL A:

Was there anyone else (such as a visitor) here on the night of Sunday 10th October who is not included because there was no room on this form?

NO

YES; please ask your Enumerator for another form

Have you left anyone out because you were not sure whether they should be included on this form? If so, please give their names and the reason why you were not sure about including them.

Name: _____

Reason: _____

Name: _____

Reason: _____

PANEL B:

Before you sign this form, please check:

- that you have completed the housing section inside this back page - this must be completed by all households, even those visiting for a short holiday.
- that all questions which should have been answered have been answered for every member of the household.
- that you have included everyone who spent the night of Sunday 10th October in the household, and everyone who usually lives here but was away from home on that night.
- that no visitors, lodgers or new born children (even if still in hospital) have been missed.

DECLARATION

This form is correctly completed to the best of my knowledge and belief.

Signed _____

Date _____

Telephone Number: Home _____

Work _____